Body boundary imagery and point of view in narratives of everyday memories and nocturnal dreams

Hot-of-the-press submission for the 29th Annual Conference of the International Association for the Study of Dreams

Name: Laura A. Cariola

Contact information:
Lancaster University
Department of Linguistics and English Language
County South
Lancaster LA1 4YL
Lancashire
United Kingdom
E-mail: l.cariola@lancaster.ac.uk

Presentation summary:

This study investigates the relationship between body boundary awareness, trauma and loss experiences, and point of view in the recall of everyday memories and dreams. Trauma and loss experiences, and a field perspective were predictive of body boundary imagery in narratives of nocturnal dreams, but not narratives of everyday memories.

Presentation request: Projector and computer

Brief presenter biography:
Laura is a PhD student at Lancaster University investigating primordial functioning and body boundary awareness in religious-mystical and psychotic experiences, as much as narratives of everyday memories and dreams. She is the founder and co-editor of the journal "Language and Psychoanalysis". Laura is also a registered psychologist and practicing hypnotherapist.

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Abstract

The concept of 'body boundary awareness' has been assessed in a wide scope of empirical research demonstrating that individuals vary in their awareness of their skin boundaries. Based on a series of experimental studies, Fisher and Cleveland (1958) proposed a content-analysis scoring system of body boundary awareness obtained from verbal responses of Rorschach inkblot tests by measuring barrier imagery (i.e., body boundary definiteness) and penetration imagery (i.e., body boundary permeability).

In particular, psychoanalytical theory associates body boundary awareness with the experience of trauma and losses that are not successfully mourned and thus not coherently integrated within a person's self-concept (e.g., Hopper, 2003; Winnicott et al., 1984). An individual then develops a distorted body boundary schema that is expressed through dysfunctional intersocial behaviour. In contrast, cognitive psychology emphasizes that traumatic experiences influence the choice of perspective (i.e., a field perspective and an observer perspective) in the recall of autobiographical experiences (e.g., Nigro & Neisser, 1983). Hence, the observer perspective has been associated with the process of self-reflection, so-called 'mentalisation', which may be dysfunctional in cases involving psychopathology and trauma, due to operating defence mechanisms, such as ego-splitting (Fonagy & Target, 1996).

Surprisingly, empirical research has not investigated how body boundary awareness relates to trauma and loss experiences, and point of view in the recall of autobiographical memories. In this study, participants (N = 526) reported an everyday and dream memory, and were also given a trauma-loss and a cognitive questionnaire. The frequency of body boundary imagery in the written narratives of everyday memories and dreams was assessed with the Body Type Dictionary (BTD) (a computerised dictionary that calculates the frequency of semantic items categorised as barrier imagery and penetration imagery based on Fisher & Cleveland's scoring system) (Wilson, 2006). The results indicated that all trauma and loss experiences combined were positively correlated with penetration imagery, and a linear regression analysis showed that barrier and penetration imagery in everyday memories were

negatively related with a field perspective. The results of this study will be discussed drawing on psychological literature and contemporary psychoanalytical theories.

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Laura A. Cariola
Lancaster University
Department of Linguistics and English Language
http://lauracariola.co.uk

Fisher & Cleveland's body boundary concept (1956, 1958)

- People differ in their body boundary awareness
- Body boundary imagery scoring system based on verbal Rorschach responses
- Projection of own body boundary awareness upon the surfaces of surrounding objects
- High and Low barrier personality
- **Barrier imagery** relate to surfaces described as protective and enclosing (e.g., umbrella, tent, hidden)
- **Penetration imagery** refers to the weakness and permeability of a perceived surface (e.g., bleeding, ghost, broken)
- Barrier and penetration imagery represent different personality dimensions as compared to opposites ends on a polar personality model

Body boundaries in relational psychoanalysis

- Formation of a coherent body boundary associated with containing functioning of "good enough" holding environment (Bick, 1968; Ogden, 1989)
- "Not-good-enough" maternal environment results in second skin formation as an alternative holding skin container (e.g., crustacean and amoeboid personality in infant autism, Tustin, 1981)
- Trauma and loss experiences remain split-off and weaken body boundary formation and maintenance
- Maladaptive intersocial behavioural style (e.g., Hopper, 2003; Winnicott, et al., 1984)

Point of view in cognitive psychology and psychoanalysis

Nigro and Neisser, 1983

- First-person "field" perspective
- Third-person "observer" perspective
- Third-person perspective dissociation of trauma and disintegrated events (e.g., Kenney, 2007)

Pennebaker and colleagues (2011)

- First person perspective associated with greater physical and mental health benefits

Fonagy & Target (1996, 1997)

- First-person perspective self-reflection 'mentalization'
- Dysfunctional in psychopathology and trauma due to operating defence mechanisms (e.g., ego-splitting)

Aim and method of this study

Aim

- To tentatively explore the relationship between body boundary awareness, point of view and trauma & loss experiences in narratives of everyday and dream memories

Method

- Psycholinguistic corpus-based approach to language analysis
- Computer-assisted semantic tagging and administration of questionnaires as a possible nomothetic approach to assess psychoanalytically-derived theories

Study

- N = 526 (358 female, 168 male, overall mean age 25.47)
- Recall of everyday and dream memory
- Dream and everyday memory questionnaire (e.g., emotional content, "field" and "observer" perspectives were measured with 5 point Likert scales)
- Trauma and loss questionnaire (Rosenberg, Randall, & Asay, 1989) (e.g., physical, history, relationships and life events, losses) (40 items)
- Body Type Dictionary (BTD) (Wilson, 2006) based on Fisher & Cleveland Body boundary scoring system
- Regressive Imagery Dictionary (RID) (Martindale, 1975, 1990) to assess self- and other-references, and emotional lexis

Results - Descriptive

Scope of data

- 489 Everyday narratives
- 446 Dream narratives
- 460 Everyday cognitive questionnaire
- 420 Dream cognitive questionnaire

Body boundary imagery (Wilcoxon signed rank test)

- Barrier imagery: Every day < Dreams memories, $p < .000$
- Penetration imagery - no sig. difference, $p = .468$
- Sum body boundary imagery: Everyday < dream memories, $p < .000$

Trauma loss questionnaire

- (Mean = 10.41, SD = 5.06, Min = .00, Max = 32.00)
- 99.8% (442) recalled some trauma and loss experiences
- 0.2% (1) no conscious recollection

Results in everyday memories

- **Barrier imagery** ($R2 = .11$) ($F = 9.200$, $p < .000$) negatively related to self-references, personal importance, and first-person "field" perspective

- **Penetration imagery** ($R2 = .20$) ($F = 8.068$, $p < .000$) negatively related to affection and aggression lexis, self- and other-references, and first-person "field" perspective

- Trauma & loss only weakly associated with penetration imagery in everyday memories, $r = .08$, $p < .05$.

Results in dream memories

- **Barrier imagery** (R2 = .02) (F = 6.977, p < .000) negatively related to sadness lexis only
- **Penetration imagery** (R2 = .09) (F = 7.500, p < .001) negatively related to affection lexis and other-references
- Trauma & loss experiences were only weakly associated with penetration imagery, r = .09, p < .05, and sum body boundary imagery, r = .07, p < .05, in dream memories

Additional results

Binary regression analysis "0" zero vs. "1" >.001 of sum body boundary imagery

- In **everyday memories** positively related to expressive behaviour imagery, but negatively related to self-references, affection and sadness lexis.
- In **dream memories** positively related to vividness, but negatively related to self-references and personal importance

Discussion

The results of this study might indicate that

1. Barrier and penetration imagery are related dimensions, if perhaps also not polar opposites
2. Inflated barrier and penetration imagery relate to point of view and self- and other-perception in narrative of everyday and dreams
3. High barrier imagery has been also associated to
   - Splitting-off of negative feelings
   - "Hard body shell" as a compensation of weak boundary differentiation (e.g., exo-skeletal defence as defence mechanism)
4. Trauma and loss experience might weaken coherence of body boundary but more evidence needed

Discussion

1. These findings might lend some empirical support to a relationship between body boundary finiteness, point of view and early infant experiences of affect regulation as embodied in the language of narratives of everyday memories and dreams
2. Low effect size in linguistic research not ideal but a common feature of content analysis
3. Of interest remains the difference between the recall and verbalization of everyday memories and dream memories
4. This study focussed on body boundary imagery only, but interaction with primordial cognition is absolutely necessary (see BTD validity and reliability study, submitted)

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THANK YOU VERY MUCH!

LANCASTER UNIVERSITY

Very many thanks to the Faculty of the Arts and Social Sciences,
Lancaster University, for their generous Travel Grant.
Special thanks to my supervisor Dr. Andrew Wilson for his support,
and another special "thank-you" to Gareth McCray for his time and statistical help.